



**Student Name:** Hamish Ronald Jackson 687397  
**GP:** Dr Shelina Chattoo  
**Practice:** The Bush Doctors  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Aman Manohar Jain 640855  
**GP:** Dr Edmund Jagger  
**Practice:** The Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

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|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Perna Sanjay Jain 636750  
**GP:** Dr Luna Das  
**Practice:** Boileau Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

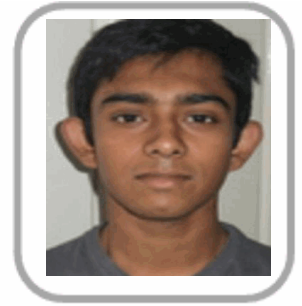
Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Raja Jambulingam 641486  
**GP:** Dr Heba Al-Naseri  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Susanna Mary Jamieson 751110  
**GP:** Dr Kushal Barai  
**Practice:** Waterside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Roshni Janarthanan 639857  
**GP:** Dr Samia Hasan  
**Practice:** Hammersmith & Fulham Centres for Health  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Katharine Jarrold 638668  
**GP:** Dr Manish Prasad  
**Practice:** Roundwood Park Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Nazesh Rana Javaid 638326  
**GP:** Dr Ann Mulroy  
**Practice:** The Law Medical Group Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |





**Student Name:** Trisha Jeyabalasingham 593712  
**GP:** Dr Richard C Hooker  
**Practice:** Holland Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Benjamin Joakim 641490  
**GP:** Dr Mohammad Maloufi  
**Practice:** The Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Liam Jones 640215  
**GP:** Dr Rakesh Patel  
**Practice:** Hounslow Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Kate Weymouth-Crocker Jordan 519205  
**GP:** Dr Shonella Singh  
**Practice:** Mansell Road Practice  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Shivani Joshi 638411  
**GP:** Dr Sarbjit S Kaler  
**Practice:** Florence Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Fatema Kaderbhai 594480  
**GP:** Dr Ian Perry  
**Practice:** Twickenham Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Rozelle Kane 599047  
**GP:** Dr Padma Kanthan  
**Practice:** 259 Station Road  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Jahnvi Karia 644239  
**GP:** Dr Jude Mills  
**Practice:** Forty Willows Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |





**Student Name:** Alexander Kerr 643150  
**GP:** Dr Senita Mountjoy  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

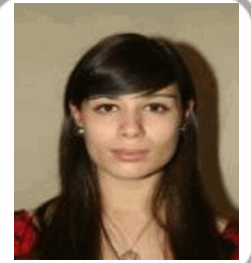
Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Holly Khan 641833  
**GP:** Dr Padma Kanthan  
**Practice:** 259 Station Road  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Minaal Khan 642438  
**GP:** Dr Heba Al-Naseri  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Umulqura Arshad Khan 607916  
**GP:** Dr Sohael Rahman  
**Practice:** Belgrave Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

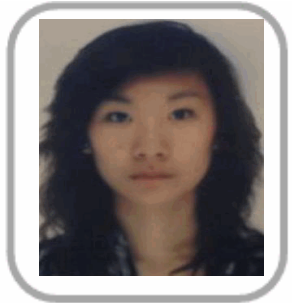
**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Dain Samantha Kim 640680  
**GP:** Dr Jonathan Barnes  
**Practice:** Sheen Lane Health Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Rachel Kirby 685495  
**GP:** Dr Carla Saour  
**Practice:** Scarsdale Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Callum Kirk 644337  
**GP:** Dr Nivedita Sharma  
**Practice:** Civic Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Angad Singh Kooner 596332  
**GP:** Dr Abanti Paul  
**Practice:** Belsize Priory Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |





**Student Name:** Foteini-Stefania Koumpa 641256  
**GP:** Dr Ravi Bumrah  
**Practice:** Weybridge Primary Care Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Kevin Kow 635756  
**GP:** Dr Anna Browning  
**Practice:** Blue Wing Family Doctor Unit  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Kanyada Koysombat 636408  
**GP:** Dr Sipra Guha  
**Practice:** Perivale Medical Clinic  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Monica Krivcevska 638601  
**GP:** Dr Monica Banerjee  
**Practice:** Manor Practice  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Priyantha Kulatilake 638801  
**GP:** Dr Graham Corin  
**Practice:** Urgent Care Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Robert Kwan 640186  
**GP:** Dr Anna Browning  
**Practice:** Blue Wing Family Doctor Unit  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |  |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Ho-Ming Kwong 638215  
**GP:** Dr Cedric Solomon  
**Practice:** The Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Glory Yiu Sang Lai 637913  
**GP:** Dr Yudish Sabapathippillai  
**Practice:** Civic Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

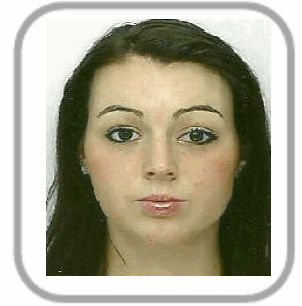
Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |





**Student Name:** Natalie Amy Lane 690299  
**GP:** Dr Asoya Wijayawickrama  
**Practice:** Southcote Clinic  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Charlotte Lee 641244  
**GP:** Dr Akshay Bhanshaly  
**Practice:** GP Direct  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Danielle Lee 642665  
**GP:** Dr Jude Mills  
**Practice:** Forty Willows Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Robert Lee 639836  
**GP:** Dr Ashok Kelshiker  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Terence Si Quan Lee 642463  
**GP:** Dr Naeem Qureshi  
**Practice:** Gordon House Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> |           |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> | Signature | Date              |
|                    |                          |           | Date              |



**Student Name:** Mario Lepore 639494  
**GP:** Dr Jaspreet Grewal  
**Practice:** Waterside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Mimi Mengzhen Li 636695  
**GP:** Dr Deepa Patel  
**Practice:** North End Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Alphonsus Christopher Liew Yeong Cherng 635747  
**GP:** Dr Sarbjit S Kaler  
**Practice:** Florence Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |





**Student Name:** Jiyu Kelly Lim 592138  
**GP:** Dr Jamila Sherif  
**Practice:** Pinn Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** James Liston 641460  
**GP:** Dr Michel Mikhail  
**Practice:** Lady Margaret Road  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature |                   |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |
|                    |                          | Date      | Date              |



**Student Name:** Hang Yi Fiona Liu 593110  
**GP:** Dr Randitha Hettiarachi  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |



**Student Name:** Weiran Liu 768933  
**GP:** Dr Ashwin Anenden  
**Practice:** Freeman Practice  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

|                          |                          |                                                                                                                    |                                                                                                                                                                                                                       |  |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Above Expectations       | <input type="checkbox"/> | <b>History taking and communication skills</b><br>Has the student achieved the desired level of skills for Year 3? |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Above Expectations       | <input type="checkbox"/> | <b>Clinical and examination skills</b><br>Has the student achieved the desired level of skills for Year 3?         |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Above Expectations       | <input type="checkbox"/> | <b>Knowledge</b><br>Has the student achieved the appropriate level of knowledge for Year 3?                        |                                                                                                                                                                                                                       |  |
| Meets Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Borderline               | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Below Expectations       | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Unable to Comment        | <input type="checkbox"/> |                                                                                                                    |                                                                                                                                                                                                                       |  |
| Yes                      | Borderline               | No                                                                                                                 | <b>Professionalism</b><br>Has the student met the requirements for the following areas of professionalism:<br><b>Appearance</b><br><b>Attendance</b><br><b>Respect for patients</b><br><b>Working with colleagues</b> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           |                                                                                                                                                                                                                       |  |

Please indicate if the student has satisfactorily passed this attachment.

|                    |                          |           |                   |
|--------------------|--------------------------|-----------|-------------------|
| Above Expectations | <input type="checkbox"/> | GP Name   | Student Signature |
| Meets Expectations | <input type="checkbox"/> | Signature | Date              |
| Borderline         | <input type="checkbox"/> |           |                   |
| Below Expectations | <input type="checkbox"/> |           |                   |